

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the current proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974**AUTHORITY:** Title 5, Section 3012, Title 10, USC, E.O. 9397.**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)

2. TO (Include ZIP Code)

3. FROM (Include ZIP Code)

AHRC-PAV-BB (AGR AFS Ext Bd)
US Army Human Resources Cmd
1 Reserve Way
St. Louis, MO 63132-5200

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)

5. GRADE OR RANK/PMOS/AOS

6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____

_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) AFS EXTENSION
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

All officers/warrant officers must initial either item 1 or 2 below, then initial both items 3 and 4.

1. ____ (Initials). I DO NOT desire to be considered for AFS Extension. Notwithstanding this preference, I understand that the Army is under no obligation to approve my request and that I may be considered for AFS extension based on the needs of the Army. I further understand that if not considered or if not selected for extension, I will remain on active duty until such time as I am notified of being involuntarily REFRAD IAW AR 600-8-24 and AR 135-18, at which time I may then request retirement. If approved. My retirement will be considered involuntary UP 10 USC 1370(a)(3) for time-in-grade determinations.

2. ____ (Initials). I DO desire to be considered for AFS Extension.

3. ____ (Initials). I understand that if I am selected for AFS Extension and subsequently request to retire prior to the extension ed date, my request will be considered voluntary and if I have not served on active duty in my current grade for 36 months, then I will be retired in the next lower grade, UP Title 10, U.S. Code.

4. ____ (Initials). I understand that if I am selected for AFS Extension, I may be considered for a PCS move to meet the needs of the AGR Program.

NOTE: This form only needs signature of officer and immediate supervisor and must be forwarded with consideration packet

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)